

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. <b>10/599 439</b>	FILING DATE
APPLICANT(S)	

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2		1				
3		1				
4	5					
5	3					
6	20					
7	10					
8	10					
9	10					
10	10					
11		1				
12			1			
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TOTAL IND.			1			
TOTAL DEP.		8				
TOTAL CLAIMS			9			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						